

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>BlackPAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00609388</div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>76 Words Corp.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">26</div> / <div style="display: inline-block; width: 80px; text-align: center;">2022</div>		
Mailing Address 926 N St NW Studio 3			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3557.67</div>		
City Washington		State DC	Zip Code 20001-4485		<b>Transaction ID : VTDG0AGG7J9</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Purpose of Expenditure Media Production - Estimate		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>			
Name of Federal Candidate Fetterman, John, K., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1124304.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>OTG Strategies</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">26</div> / <div style="display: inline-block; width: 80px; text-align: center;">2022</div>		
Mailing Address PO Box 69338			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">50000.00</div>		
City Saint Louis		State MO	Zip Code 63169-0338		<b>Transaction ID : VTDG0AGG7K6</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Purpose of Expenditure Canvassing - Estimate		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>			
Name of Federal Candidate Fetterman, John, K., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1124304.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">53557.67</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shropshire, Adrienne, R., ,</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">27</div> / <div style="display: inline-block; width: 80px; text-align: center;">2022</div>

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>BlackPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>OTG Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2022
Mailing Address PO Box 69338		Amount 25000.00
City Saint Louis	State MO	Zip Code 63169-0338
Purpose of Expenditure Canvassing - Estimate	Category/ Type	Transaction ID : VTDG0AGG7M4 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Warnock, Raphael, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: GA
Calendar Year-To-Date Per Election for Office Sought 1348873.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OTG Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2022
Mailing Address PO Box 69338		Amount 25000.00
City Saint Louis	State MO	Zip Code 63169-0338
Purpose of Expenditure Canvassing - Estimate	Category/ Type	Transaction ID : VTDG0AGG7N2 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Cortez Masto, Catherine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV
Calendar Year-To-Date Per Election for Office Sought 115683.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	275000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrianne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 27 / 2022

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>BlackPAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>The Pivot Group Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2022</b>
Mailing Address <b>29 Ancell St</b>		Amount <b>199810.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22305-2502</b>
Purpose of Expenditure <b>Direct Mail - Estimate</b>	Category/Type	Transaction ID : <b>VTDG0AGG7H1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Warnock, Raphael, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>GA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>199810.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>528367.67</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Shropshire, Adrienne, R.,***[Electronically Filed]**

Date

MM / DD / YYYY  
**10 / 27 / 2022**

Signature